



San Francisco Public Library

Library by Mail Application

For San Francisco residents who are unable to leave their home due to a permanent disability.

Please print or type

An incomplete application will delay its processing.

Name (Last) _____ (First) _____ Middle Initial _____

Street Address _____ SF, CA Zip _____

Telephone _____ Email Address _____

Date of Birth _____ Driver's License/CA ID# _____

Do you have a SFPL library card? Y _____ N _____

If yes, please provide the number _____

*You must attach a valid photo ID with your current SF address. (Visit www.sfpl.org/validid for a list of accepted photo ID options.)

Please note: LINK+ and InterLibrary Loan (ILL) items may not be borrowed.

Applicant must sign below:

I will be responsible for all library items borrowed by me. By signing below, I also confirm that I qualify for Library by Mail and that the information I have provided is true.

Signature _____ Date _____

***Please have your certifying authority complete the next page.**

TO BE CERTIFIED BY A PHYSICIAN, REGISTERED NURSE, OR SOCIAL WORKER:

I certify that _____ is physically unable to travel to the Library.

CERTIFIER'S NAME: _____ AFFILIATION: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

CERTIFIER'S SIGNATURE*: _____ DATE: _____

Questions? Please call 415-437-4835 or email talkingbooks@sfpl.org.

Please send completed application to the following address:

Talking Books and Braille Center
San Francisco Public Library
Attn: Library by Mail
100 Larkin Street
San Francisco, CA 94102